USAR SOLDIER INFORMATION SHEET

Prescribing Directive: IX Corps SOP 37-3

- Authority: 5 U.S.C. Section 301, 37 U.S.C Sections 204 and 206, and 10 U.S.C. Sections 275, 4533, 4561, and 4621.
- Routine Uses: To provide the unit cierk with consolidated personnel information on an individual basis.
- 3. Routine Uses: To provide the unit clerk with consolidated data, which in conjunction with information in the Military Personnel Records Jacket (MPRJ) (DA 201) will assist: nthe preparation of pay vouchers, PX authorization letters, delivery of mail, designation of commissary agent, and other benefits entitled.
- 4. Voluntary disclosure of SSN is requested to properly identify the individual from others of the same last name. Failure to disclose required information may result in delay in authorizing benefits to individual and his or her dependents/s.

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|---------------------|---------|----------------|-------------|-------------|-----------|---|--|
| NAME: | | | | | RANK: | | |
| SSN: | | | 487 | | PMOS: | | |
| SECTION: |) | | | | | | |
| HEIGHT (IM): | | WEIGHT: | -) | HairColor: | | EyeColor: | |
| Race: | | — Ethnic Gr | oup: | | UŞ Citize | en: | |
| Date of Birth: | | | Place of B | irth: | | - | |
| Blood Type: | | Religion: | | | | | |
| Civilian Education: | | 599 | | NCOES: | | | |
| Home Phone: | 0 | 34 | | Pager Nui | nber: | | |
| Business Phone: | | | | Fax Number: | | | |
| E-Mail address: | | | - 20 | | | 76 | |
| HomeAddress: | Street: | | | | | | |
| | City: | | | State: | | Zip Code: | |
| Mailing Address: | Street | | | | | | |
| | City: | | | State: | | Zip Code: | |
| Occupation: | 185 | | Employer | | | | |
| Employer Address: | Street: | | 25 | | | | |
| | City: | | | State: | | Zip Code: | |
| Other Employer: | Street: | | | | | } ~e | |
| | City: | | | State: | | Zip Code: | |
| | | | | | | | |